## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2000								MG99155					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							ſ	RATE	FEE	] ]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	<del></del>		BASIC FEE		
TOTAL CHARGEABLE CLAIMS			95 minus 20=		*		<b> </b>	X\$ 9=		1	X\$18=		
INDEPENDENT CLAIMS				nus 3 =	*		}		<u> </u>	OR		1,350	
<u> </u>		DENT CLAIM P		1145 0 =	l			X40=	<del></del>	OR	X80=	160	
								+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II								SMALL ENTITY (			OTHER THAN OR SMALL ENTITY		
		(Column 1)		(Colui		(Column 3)	1 г	SWALL		UN 1 :	SWALL		
AMENDMENT A		REMAINING AFTER AMENDMENT	,	NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	] [	X40=		OR	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		<b>!</b>	105		1	. 070		
							L	+135=		OR	+270=	_	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu		(Column 3)	<b>.</b>			_			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE	
	Total	• .	Minus	**		=	]	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	F.O. A.D.4	=	┨╏	X40=		OR	X80=		
<u> </u>	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDEN	CLAIM		<b>」</b> [	+135=		OR	+270=		
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colui		(Column 3)	_						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	]	X40=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]  -	7,70-		OR	700-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
••	If the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE i	is less tha	n 20, enter "20.	." Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		mber Previously P ber Previously Pa					er four	nd in the app	ropriate box	in col	umn 1.		